## MIDB/BUSINESS OBJECTS ACCESS REQUEST HR TRAINING HISTORY UNIVERSE

## A. REQUESTER INFORMATION

1. Employee Name (Last, First, Initial)			2. Employee ID	
3. FACS Agency	B. FACS Agency 4. Work Address			
5. Telephone Number		6. E-mail Address		
B REQUESTED ACCESS				

- "All universes are composed of information subject to the definition of "public record" under section 2(e)(i) and (ii), MCL 15.232(e)(i) and (ii) of the Freedom of Information Act, MCL 15.231 et seq."

  Requests to the definition of "public record" under section 2(e)(i) and (ii), MCL 15.232(e)(i) and (iii) of the Freedom of Information Act, MCL 15.231 et seq."

  Requests to the definition of "public record" under section 2(e)(i) and (ii), MCL 15.232(e)(i) and (iii) of the Freedom of Information Act, MCL 15.231 et seq."

Scounty level.				
Required Approval	Requested Access – Access Type is a mutually exclusive selection. Choose only one.			
AA	AGENCY RESTRICTED - Access is restricted to data for requester's home agency			
CS	<b>STATEWIDE MOST</b> - Includes all agencies with the exception of the Executive Office, Legislative and Judicial agencies.			
CS	STATEWIDE - provides access to data for all agencies.			
Reason for requested access:				

## C. AGENCY AUTHORIZATION SIGNATURES

I agree to protect my user ID and password from unauthorized use. All access under my user ID is my responsibility. All information I obtain with it shall be used only in the proper conduct of State business.

Ī	Requester's Signature	Date
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The requester <b>must</b> obtain the Supervisor and Agency Security Administrator signatures as well as the required authorizing		

signatures for the requested MIDB access indicated in Section B.

Supervisor Signature	Date
MIDB Agency Security Administrator (ASA)	Date
Appointing Authority (AA)	Date
Civil Service (CS)	Date

Please keep this document confidential.